

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NATIONAL POSTAL MAIL HANDLERS UNION
C/O JOHN F. HEGARTY, NAT. PRES.
1101 CONNECTICUT AVE., NW
WASHINGTON, D.C. 20036

McBroom vs Potter et al

2. Article Number

(Transfer from service label)

7006 0100 0005 2887 5977

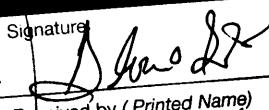
PS Form 3811, February 2004

Domestic Return Receipt

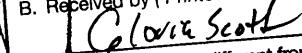
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent Addressee

B. Received by (Printed Name)



C. Date of Delivery



D. Is delivery address different from item 1?

If YES, enter delivery address below:

 Yes No

3811-00767-MEF

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

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Domestic Return Receipt

102595-02-M-1540

A. Signature		<input checked="" type="checkbox"/> Agent
X <i>Shane S.</i>		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
<i>Clarice Scott</i>		<i>Sept 14</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

2006-0100-0005-2887-5977

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	